

APPENDIX 3-C

DOH FORMS

NOTIFICATION OF INTENT TO CLOSE UNDERGROUND STORAGE TANKS

AND

NOTICE OF INTENT FOR CHANGE-IN-SERVICE OF
UNDERGROUND STORAGE TANKS

Notice of Intent to Close Underground Storage Tanks

Mail this form to:

Solid and Hazardous Waste Branch
Hawai'i Department of Health
919 Ala Moana Boulevard #212
Honolulu, Hawai'i 96814

or fax it to: (808) 586-7509

Notice of intent to close a UST must be provided to the Department of Health at least 30 days prior to the actual date of closure. If you have any questions regarding this notice, call our office at (808) 586-4226.

UST Facility Description - Provide a description of the UST facility.

Facility ID	Facility Name		Facility Address

UST System Description - Provide a description of the UST(s) to be closed. Use additional sheets as needed.

Tank ID	Tank Capacity (gallons)	Substance Stored (gasoline, diesel, etc.)	Material of Tank Construction (steel, FRP, etc.)	Projected Date of Closure

Contact Information - Provide information on the UST owner, UST operator or authorized representative; i.e. a person legally responsible for the UST(s). We will send official correspondence regarding the UST closure to this person.

Name / Title		
Company Name		
Mailing Address		
Phone / Fax Numbers		

Contractor Information - Provide information on the contractors and consultants who will close the UST(s). Use additional sheets as needed.

Contact Name / Title		
Company Name		
Mailing Address		
Phone / Fax Numbers		

Notice Provided By:

Name	Company	Signature	Date

DOH Form UST-CLOSURE (4/97)

Notice of Intent for Change-in-Service of Underground Storage Tanks

Mail this form to:

Solid and Hazardous Waste Branch
Hawai'i Department of Health
919 Ala Moana Boulevard #212
Honolulu, Hawai'i 96814

or fax it to: (808) 586-7509

Notice of intent to close a UST must be provided to the Department of Health at least 30 days prior to the actual date of change-in-service. If you have any questions regarding this notice, call our office at (808) 586-4226.

UST Facility Description - Provide a description of the UST facility.

Facility ID	Facility Name	Facility Address

UST System Description - Provide a description of the UST(s) subject to a change-in-service. Use additional sheets as needed.

Tank ID	Tank Capacity (gallons)	Previous Substance Stored (gasoline, diesel, etc.)	New Substance Stored (e.g. water)	Material of Tank Construction (steel, FRP, etc.)	Projected Date of Change-in- Service

Contact Information - Provide information on the UST owner, UST operator or authorized representative; i.e. a person legally responsible for the UST(s). We will send official correspondence regarding the UST Change-in-Service to this person.

Name / Title	
Company Name	
Mailing Address	
Phone / Fax Numbers	

Contractor Information - Provide information on the contractors and consultants who will perform the UST(s) site assessment(s). Use additional sheets as needed.

Contact Name / Title	
Company Name	
Mailing Address	
Phone / Fax Numbers	

Notice Provided By:

Name	Company	Signature	Date

DOH Form UST-CLOSURE (4/97)